



Community Action Partnership Hillsborough and
Rockingham Counties
FUEL ASSISTANCE /ELECTRIC ASSISTANCE PROGRAM

Release of Information-Authorized Proxy form

Applicant – Please Print Name

I, _____ (Applicant), give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf (please check all that apply):

- ☐ Sign my Fuel/Electric Assistance application on my behalf
- ☐ Provide any documentation requested related to my application
- ☐ Talk to CAPHR regarding my application and any questions or concerns that may arise

**If your Authorized Proxy lives in your home and will be on your application, this form does not need to be completed.

Name of Authorized Proxy: _____

Proxy's Telephone Number: _____

Proxy's Email Address: _____

Proxy's Physical Address: _____

Proxy's Mailing Address: _____

Relationship to Applicant: _____

I understand that I have the right to withdraw this proxy authorization at any time. I understand I must provide written notification to CAPHR in the event that I choose to withdraw this authorization.

Signature of Applicant (valid for 1 year of signature date)

Date: ____/____/____